

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/898554 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55					1	
56					1	
57					1	
58					1	
59					1	
60					1	
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.					1	
TOTAL CLAIMS					10	

CLAIMS ONLY						SERIAL NO.	FILING DATE			
						07898534	07-02-0			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/	/	/	/	/	51				
2	/	/	/	/	/	52				
3	/					53				
4	/					54				
5	/					55				
6						56				
7						57				
8						58				
9	/					59				
10	/					60				
11	/					61				
12	/					62				
13	/					63				
14	/					64				
15	/					65				
16	/					66				
17	/					67				
18	/					68				
19	/					69				
20	/					70				
21	/					71				
22						72				
23	/					73				
24						74				
25	/					75				
26	/					76				
27	/					77				
28	/					78				
29	/					79				
30	/					80				
31	/					81				
32						82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	13	↓	13	↓	3	↓				
TOTAL DEP.	7	↓	7	↓	18	↓				
TOTAL CLAIMS	20		20		21					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS